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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Petition to Revoke
12 Probation Against,

Case No. 2012-236

13 **BERNADETTE ANN ADAMS, AKA**
14 **BERNADETTE ANN LORENTSON**
15 **630 Magnolia Avenue, Apt. 304**
16 **Long Beach, CA 90802**
17 **Registered Nurse License No. 416420**

PETITION TO REVOKE PROBATION

Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Petition to Revoke Probation
20 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,
21 Department of Consumer Affairs.

22 2. On or about August 31, 1987, the Board of Registered Nursing issued Registered
23 Nurse License Number 416420 to Bernadette Ann Adams, aka Bernadette Ann Lorentson
24 (Respondent). The Registered Nurse License was in effect at all times relevant to the charges
25 brought herein and will expire on February 28, 2015, unless renewed.

26 3. In a disciplinary action entitled "In the Matter of Accusation Against Bernadette Ann
27 Adams," Case No. 2012-236, the Board of Registered Nursing, issued a decision, effective
28 October 11, 2012, in which Respondent's Registered Nurse License was revoked. However, the

1 revocation was stayed and Respondent's Registered Nurse License was placed on probation for a
2 period of five (5) years with certain terms and conditions. A copy of that decision is attached as
3 Exhibit A and is incorporated by reference.

4 JURISDICTION

5 4. This Petition to Revoke Probation is brought before the Board of Registered Nursing
6 (Board), Department of Consumer Affairs, under the authority of the following laws. All section
7 references are to the Business and Professions Code unless otherwise indicated.

8 5. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent
9 part, that the Board may discipline any licensee, including a licensee holding a temporary or an
10 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the
11 Nursing Practice Act.

12 6. Section 2764 of the Code provides, in pertinent part, that the expiration of a license
13 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
14 licensee or to render a decision imposing discipline on the license.

15 7. Section 118, subdivision (b), of the Code provides that the
16 suspension/expiration/surrender/cancellation of a license shall not deprive the
17 Board/Registrar/Director of jurisdiction to proceed with a disciplinary action during the period
18 within which the license may be renewed, restored, reissued or reinstated.

19 FIRST CAUSE TO REVOKE PROBATION

20 (Failure to Comply with the Board's Probation Program)

21 8. At all times after the effective date of Respondent's probation, Condition 8 stated:

22 **Comply With The Board's Probation Program:** Respondent shall fully comply with the
23 conditions of the Probation Program established by the Board and cooperate with
24 representatives of the Board in its monitoring and investigation of the respondent's
25 compliance with the Board's Probation Program. Respondent shall inform the Board in
writing within no more than 15 days of any address change and shall at all times maintain
an active, current license status with the Board, including during any period of suspension.

26 9. Respondent's probation is subject to revocation because she failed to comply with
27 Probation Condition 8, referenced above. The facts and circumstances regarding this violation
28 are that Respondent failed to comply with Probation Condition 3, as set forth in paragraphs 10

and 11, referenced below, in that she failed participate in treatment/rehabilitation program for chemical dependency and that Respondent failed to comply with Probation Condition 5, as set forth in paragraphs 12 and 13, in that she failed to submit tests and samples. Also, Respondent failed to comply with Probation Condition 4, as set forth in paragraphs 14 and 15, in that she failed to submit the Psychotropic Mood-Altering Drug form for the 4th quarter 2012 and 1st quarter 2013.

SECOND CAUSE TO REVOKE PROBATION

(Failure to Participate in Treatment/Rehabilitation Program for Chemical Dependence)

10. At all times after the effective date of Respondent's probation, Condition 3 stated:

Participate in Treatment/Rehabilitation Program for Chemical Dependence. If such program is recommended by the mental health examination required in Order 2, or following any positive drug test pursuant to Order No. 5, respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

11. Respondent's probation is subject to revocation because she failed to comply with Probation Condition 3, as set forth in paragraph 10. The facts and circumstances regarding this violation are as follows:

A. Respondent did not attend Nurse Support Group meetings the week of December 9-15, 2012.

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1 THIRD CAUSE TO REVOKE PROBATION

2 (Failure to Submit to Tests and Samples)

3 12. At all times after the effective date of Respondent's probation, Condition 5 stated:

4 **Submit to Tests and Samples.** Respondent, at her expense, shall participate in a random,
5 biological fluid testing or a drug screening program which the Board approves. The length
6 of time and frequency will be subject to approval by the Board. The respondent is
7 responsible for keeping the Board informed of Respondent's current telephone number at
8 all times. Respondent shall also ensure that messages may be left at the telephone number
when she is not available and ensure that reports are submitted directly by the testing
agency to the Board, as directed. Any confirmed positive finding shall be reported
immediately to the Board by the program and Respondent shall be considered in violation
of probation.

9 In addition, Respondent, at any time during the period of probation, shall fully cooperate
10 with the Board or any of its representatives, and shall, when requested, submit to such tests
and samples as the Board or its representatives may require for the detection of alcohol,
11 narcotics, hypnotics, dangerous drugs, or other controlled substances.

12 If respondent has a positive drug screen for any substance not legally authorized and not
13 reported to the coordinating physician, nurse practitioner, or physician assistant, and the
Board files a petition to revoke probation or an accusation, the Board may suspend
14 Respondent from practice pending the final decision on the petition to revoke probation or
the accusation. This period of suspension will not apply to the reduction of this
15 probationary time period.

16 If respondent fails to participate in a random, biological fluid testing or drug screening
17 program within the specified time frame, the respondent shall immediately cease practice
and shall not resume practice until notified by the Board. After taking into account
18 documented evidence of mitigation, if the Board files a petition to revoke probation or an
accusation, the Board may suspend respondent from practice pending the final decision on
19 the petition to revoke probation or the accusation. This period of suspension will not apply
to the reduction of this probationary time period.

20 13. Respondent's probation is subject to revocation because she failed to comply with
21 Probation Condition 5, as set fourth in paragraph 12. The facts and circumstances regarding this
22 violation are as follows:

23 A. Respondent failed to participate with First Lab as required in the decision on the
24 following dates:

25 October 12, 2012 Missed Call

26 November 2, 2012 Missed Test

27 November 5, 2012 Missed Call

28 November 17, 2012 Missed Call

1 December 9, 2012 Missed Call
2 January 13, 2013 Missed Call
3 January 21, 2013 Missed Call
4 February 12, 2013 Missed Call
5 April 2, 2013 Missed Call
6 April 7, 2013 Missed Call
7 April 14, 2013 Missed Call

8 **FOURTH CAUSE TO REVOKE PROBATION**

9 (Abstain From Use of Psychotropic (Mood-Altering) Drugs)

10 14. At all times after the effective date of Respondent's probation, Condition 4 stated:

11 **Abstain From Use of Psychotropic (Mood Altering) Drugs.** Respondent shall
12 completely abstain from the possession, injection or consumption by any route of all
13 psychotropic (mood altering) drugs, including alcohol, except when the same are ordered
14 by a health care professional legally authorized to do so as part of documented medical
15 treatment. Respondent shall have sent to the Board, in writing and within fourteen (14)
16 days, by the prescribing health professional, a report identifying the medication, dosage,
17 the date the medication was prescribed, the respondent's prognosis, the date the medication
18 will no longer be required, and the effect on the recovery plan, if appropriate.

19 Respondent shall identify for the Board a single physician, nurse practitioner or physician
20 assistant who shall be aware of respondent's history of substance abuse and will coordinate
21 and monitor any prescriptions for respondent for dangerous drugs, controlled substances or
22 mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant
23 shall report to the Board on a quarterly basis respondent's compliance with this condition.
24 If any substances considered addictive have been prescribed, the report shall identify a
25 program for the time limited use of any such substances.

26 The Board may require the single coordinating physician, nurse practitioner, or physician
27 assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive
28 medicine

22 15. Respondent's probation is subject to revocation because she failed to comply with
23 Probation Condition 4, as set fourth in paragraph 14. The facts and circumstances regarding this
24 violation are as follows:

25 A. Respondent failed to submit the Psychotropic Mood-altering Drug form for the 4th
26 quarter 2012 and 1st quarter 2013.

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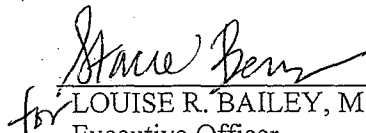
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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking the probation that was granted by the Board of Registered Nursing in Case No. 2012-236 and imposing the disciplinary order that was stayed thereby revoking Registered Nurse License No. 416420 issued to Bernadette Ann Adams, aka Bernadette Ann Lorentson;
2. Revoking or suspending Registered Nurse License No. 416420, issued to Bernadette Ann Adams, aka Bernadette Ann Lorentson; and
3. Taking such other and further action as deemed necessary and proper.

DATED: May 1, 2013


for LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

LA2013508615
51239405.doc

Exhibit A

Decision and Order

Board of Registered Nursing Case No. 2012-236

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

BERNADETTE ANN ADAMS
630 Magnolia St Apt 304
Long Beach, CA 90802

Registered Nurse License No. 416420

Respondent.

Case No. 2012-236

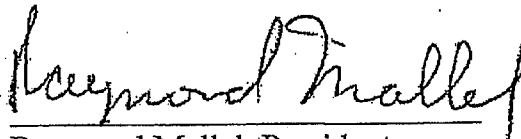
OAH No. 2011120138

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on October 11, 2012.

IT IS SO ORDERED this 11th day of September, 2012.



Raymond Mallel, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

BERNADETTE ANN ADAMS,
Virginia Beach, VA 23453

Registered Nurse License No. RN 416420

Respondent.

Case No. 2012-236

OAH Case No. 2011120138

PROPOSED DECISION

This matter was heard before Marilyn A. Woollard, Administrative Law Judge for the Office of Administrative Hearings (OAH), State of California, on June 5, 2012, in Sacramento, California.

Deputy Attorney General Janice Lachman appeared on behalf of complainant Louise R. Bailey, M.Ed., RN, Executive Officer of the Board of Registered Nursing (Board), Department of Consumer Affairs.

Respondent Bernadette Ann Adams appeared by telephone and represented herself.

Oral and documentary evidence was received and the parties made oral closing arguments. The record remained open through June 8, 2012, for respondent to submit additional evidence. On June 7, 2012, OAH received a letter from Marcia Cooke and respondent's 2008 Sentara Performance Appraisal, which were marked for identification respectively as Exhibits G and H. The record was then closed and the matter was submitted for decision on June 8, 2012.

FACTUAL FINDINGS

1. On August 31, 1987, the Board issued license number RN 416420 to respondent. The license is current and will expire on February 28, 2013.
2. On October 12, 2011, complainant made and signed the Accusation and requested revocation or suspension of respondent's license, pursuant to Business and

Professions Code section 2761, subdivision (a)(4),¹ based upon “unprofessional conduct” as demonstrated by her discipline by the Virginia Board of Nursing (Virginia Board). In addition, complainant requested that respondent be ordered to pay the reasonable costs of its investigation and enforcement.

3. Respondent timely filed her Notice of Defense. The matter was then set for an evidentiary hearing before an Administrative Law Judge of the Office of Administrative Hearings, an independent adjudicative agency of the State of California, pursuant to Government Code section 11500, et seq.

Discipline by Virginia Board

4. In support of the Accusation, complainant provided a certified copy of the Virginia Board’s March 4, 2010 *Order In Re: Bernadette Adams, R. N.* (Order). As provided by section 2761 subdivision (a)(4), the certified Order is conclusive evidence of that action. The Order indicated that respondent was not present, or represented by counsel, at the hearing.

5. In its Order, the Virginia Board made the following factual findings:

a. On April 4, 2009, Ms. Adams diverted morphine (morphine sulfate – Schedule II) and Demerol (meperidine – Schedule II) from a patient not assigned to her for her own personal use. An audit of the Pyxis medication dispensing machine in the Cardiac Surgery Intensive Care Unit (CSICU) at the Sentara Virginia Beach General Hospital, Virginia Beach, Virginia, where she was assigned that day, indicated that the missing morphine was attributed to Ms. Adams.

b. On April 4, 2009, Ms. Adams spoke to her co-workers in a manner that was incoherent. She was observed to be disoriented and lethargic, and she gave reports to her co-worker on a patient that had been discharged days earlier.

c. Between March 2009, and April 2009, a thorough audit of the Pyxis medication dispensing machine in the CSICU revealed that Ms. Adams made false entries in medication administration records as follows: she documented administering medications before vending

¹ Unless otherwise indicated, all undesignated statutory references are to the California Business and Professions Code.

them, and she documented administering medications to patients that were not assigned to her. Ms. Adams was terminated from Sentara Virginia Beach General Hospital as a result of the Pyxis audit.

6. Based upon these factual findings, the Virginia Board concluded that respondent had violated various statutes and regulation governing the practice of nursing. The Virginia Board's Order provided that respondent's license "is INDEFINITELY SUSPENDED for a period of not less than two years." (Capitalization in original.) This suspension "applies to any multistate privilege to practice professional nursing."

Finally, the Order provided that: "[a]t such time as Ms. Adams shall petition the Board for reinstatement of her license, an administrative proceeding will be convened to determine whether she is capable of resuming the safe and competent practice of professional nursing."

Respondent's Testimony

7. Respondent's testimony is paraphrased in relevant part as follows.

Respondent was a certified nursing assistant and a licensed vocational nurse before becoming a registered nurse in 1987. She has earned Bachelors (1993) and Masters Degrees (1999) in nursing. Throughout her nursing career, respondent's husband has been in the military. Consequently, she has worked in many different states as a nurse and as an advanced practice nurse.

While in Hawaii, respondent worked for over 10 years at the Kapiolani Medical Center for Women and Children, in the pediatric and neonatal Intensive Care Units (ICUs). She worked on a contract basis with Nurse Finders Agency for one year in Oahu, Hawaii, and then stopped this work when her family moved to Virginia. She was never informed that she had been terminated from this agency. Respondent has also worked at Kaiser Permanente. Respondent never had any problems as a nurse until she came to Virginia.

8. Respondent apparently had a bad interview when she applied at Children's Hospital in Virginia. Based on her conduct, the potential employer wrote a letter to the Virginia Board expressing concern about respondent's appearance and behavior.² Respondent explained that she had just arrived in Virginia after a long flight from Hawaii, and was wearing a sundress deemed suitable for business in Hawaii. She was tired. Respondent has a lazy eye muscle and nystagmus, and she

² No documents regarding this complaint were introduced.

wears a mouth piece that sometimes makes her speech difficult to understand.³ She believed these factors led to the reported behavioral concerns.

Respondent acknowledged that, after an informal hearing on this complaint, she was ordered to be evaluated for mental health and chemical dependency. She had the evaluation but it was not by a specialist approved by the Virginia Board. This evaluation determined that respondent had an adjustment disorder with anxiety and insomnia. Respondent has been taking Lunesta, Trazadone and Lorazapan for the past 15 years.

Ultimately, the Virginia Board took no action on this complaint.

9. Respondent explained the circumstances around the Virginia Board's Order. Respondent had hired an attorney to attend the hearing while she was working on contract in California. The attorney failed to appear at the disciplinary hearing. After the Order, respondent could not afford an attorney to obtain discovery of vital records from Sentara that would clear her of diverting drugs.

Respondent denies that she diverted drugs for personal usage. She explained that on April 4, 2009, she worked at Sentara's cardiac surgery ICU, which was just "going live" from a 100-percent paper medical record system to a 100-percent electronic medical record system. At the same time, the unit had unscheduled shift changes. Respondent and nurse Nancy Spivey worked together and were extremely busy. On several occasions that day, Ms. Spivey asked respondent to help with her patients by administering specific medications. Respondent did so. She could not chart the medications at that time because Ms. Spivey had the electronic record open and only one person could access it at the time. Respondent forgot to go back and document some of the medications later, when the record was available. In other instances, when respondent tried to document the medication, the system would not allow her to record the actual time of administration. The Virginia Board never interviewed Ms. Spivey.

Later that night, nurse Ruth Legaspi asked respondent for a report during the shift change. The shift change was 15 minutes late. Rather than listening while respondent reported, Ms. Legaspi kept interrupting respondent and peppering her with questions, so that her report became disjointed. Eventually respondent became stressed and angry at the way she was being treated. Respondent stopped talking and then told Ms. Legaspi to just get the information from the records. Respondent was informed that her behavior was questionable, and occupational health and management was called to evaluate her. She was given a toxicology screen and alcohol breathalyzer and sent home on administrative leave.

³ Respondent reported that she suffered nerve damage from mouth surgery. Because respondent testified by telephone, the condition of her eyes was not observed; however, her speech was occasionally difficult to understand.

Respondent had medication errors in March and April 2009 because this is the time Sentara went live to an electronic medical record system. When she tried to change the times for her actual medication administration to a patient, the machine defaulted back to the scheduled time for administration. Respondent believed that she was the only nurse on her unit who was audited on the new system and that she was targeted by the hospital.

10. Respondent testified that she took three drug tests over a two-month period for Sentara and that all of them were negative. She was subjected to a complicated interrogation by the hospital's cardiology services director and the pharmacist. Respondent testified that the pharmacist decided she had been selling drugs on the street. Despite her explanation and negative test results, respondent was eventually fired by Sentara. Prior to this incident, as reflected in her 2008 Sentara performance evaluation, respondent's nursing skills were unquestioned, and she received an overall rating of "highly effective" in the cardiac surgery ICU.

11. After the incident with Ms. Legaspi, respondent took a two-day anger management course at the YMCA. Respondent reported that this helped her become a better listener and to have more patience. She got angry and exploded that night because she was tired, and felt defensive and threatened. Respondent no longer has the paperwork documenting her attendance at this course.

12. Respondent represented that she has since had nursing jobs that have required drug testing and that all such tests have been negative. A drug test is required for every contract position. Respondent did not provide any documents establishing that she had negative drug tests.

13. After the Order was issued, respondent talked to someone at the Virginia Board and was encouraged to provide proof that she had educated herself in electronic record documentation and in how to fix her mistiming of medication administration. Respondent took this to heart and went to work with PM Data Services, whose director provided a letter of recommendation. (Factual Finding 21.) Respondent engaged in an internship program there and learned a great deal about data entry. Her next job involved assisting in a transition from a paper to an electronic medical record system, similar to that she used unsuccessfully in Virginia Beach.

14. In her written explanation to the Board ("My Side of the Story"), respondent wrote:

I do understand that I work in an environment where ignorance of policies and procedures does not account for an error made, particularly in regards to documentation. I accept that my problem in using and

understanding the mechanics, intent, and use of this system caused me to make errors in documentation. Thus, causing a documentation discrepancy is in part, largely related to my lack of knowledge and ability, not only with that new system but also in technological use and understanding of electronic information and the use of soft and hardware in general. To that end, I have taken classes and been employed in a position where I became aware of and competent in these forms of record keeping and data management.

15. Respondent has been struggling financially, "trying to make ends meet," since the Order was issued. She returned to California to work in 2009 and left her husband in Virginia. Her husband's home in Virginia is "upside down." She returned to Virginia briefly and has been in California for the last 13 months, living with her daughter. The discipline has placed strains on her marriage because she can no longer pay her own way.

16. As of March 4, 2012, respondent is eligible to petition the Virginia Board for reinstatement of her license. She has completed her Application for Reinstatement (application) and has obtained a small loan from her sister to pay the required \$300 filing fee. As soon as her sister's check clears the bank, respondent intends to file this application. Even though respondent now views California as her home, she wants to reestablish her Virginia RN license to "close this chapter."

17. Due to years of working nights and irregular shifts, respondent suffers chronic insomnia. She has regularly seen psychiatrists in Virginia and California for this condition. She is not currently in therapy.

18. Respondent is trying to find work. Respondent has had several traveling nurse, training, and private nursing positions since her most recent return to California. Respondent agreed that, in November 2011, she was released early from one contract position for not wearing an isolation gown in a room that required it. Despite this error, respondent asserts she can safely practice and understands the importance of maintaining a sterile field.

19. Respondent considers California her home. She wants to maintain her nursing license here for that reason. If she cannot reconcile with her husband, she intends to stay in California permanently. Respondent understands why the Virginia Board and the Board are concerned about her possible drug use. She reiterated that she did not divert drugs for personal use and that her errors were in recordkeeping. She acknowledged that ignorance is not an excuse for these errors.

20. Respondent recalled only one instance in her long nursing career where she might have been impaired by medication. This occurred sometime ago when she

became sick at work while taking an antibiotic. Other than this one occasion, respondent has never been impaired at work and has never had a positive drug screen. She does not drink alcohol.

Respondent believes she is safe to practice because she has been a nurse for over 25 years. This is her joy and she cannot work without her license. She needs to earn a living. She has extensive experience working with critically ill persons and enjoys helping patients who "feel at death's door" to feel better.

Evidence of Rehabilitation

21. Recommendations: In addition to her 2008 performance evaluation, respondent provided several letters of recommendation and certificates, which were admitted and considered to the extent permitted by Government Code section 11513, subdivision (d).⁴

Personal references describe respondent as a "kind, caring, compassionate, hardworking Nurse." (Carla Christian.) Respondent was considered adept with new electronic documentation systems at Orange Coast Memorial Hospital, and had a reputation for being able to fix problems. (Marcia Cooke.) Donna Johnson, President of PM Data Services, Inc. provided a letter dated March 1, 2012, verifying respondent's efforts during her license suspension to improve her computer skills and aptitude. Ms. Johnson wrote that respondent:

maintained good attention to accuracy of data input. She also worked hard to keep to the intense schedule required to ensure our "Go Live" date. She always had a positive attitude, worked well with others, and was professional in all endeavors. I hope you will consider returning her license, as her real love is the care of her patients.

22. Continuing Education Units: Respondent testified that Virginia does not require Continuing Education Units (CEUs), but that the Virginia Board asked her to complete 14 CEUs, focusing on medical errors. This request was made approximately nine months ago. Respondent has completed the CEUs as requested, and she provided certificates of completion documenting her efforts.

⁴ Government Code section 11513, subdivision (d), provides in pertinent part that "hearsay evidence may be used for the purpose of supplementing or explaining other evidence but over timely objection shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions..."

23. Respondent provided the following Certificates of Completion from "rn.org" which is a "provider approved by California Board of Registered Nursing, Provider # 14777 for Contact Hours." Respondent earned a total of 12 CEUs from rn.org. The online CEU courses, dates of completion and hours reported for respondent are as follows:

Medical Record Documentation and Legal Aspects	2/03/12	2.0
Medical Errors and Patient Safety	2/03/12	2.0
Medication and Medical Errors	2/20/12	2.0
Legal: Ethics for the Professional Nurse	2/21/12	2.0
Critical Thinking in Nursing: Introduction	5/19/12	1.0
Critical Thinking in Nursing: Decision-Making and Problem Solving	5/19/12	1.0
Documentation: Accurate and Legal	5/19/12	2.0

24. Respondent also completed six CEU "contact hours" in the Prevention of Medical Errors. This course was through Wild Iris Medical Education, Inc., a Board-approved provider. The certificate indicates that respondent passed the post-test and earned these hours on May 18, 2012.

25. *Costs:* Pursuant to section 125.3, subdivision (a), the Board may request an order directing a licensee "found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case." A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. (§ 125.3, subd. (c).)

In support of its request for costs, complainant submitted the Certification of Prosecution Costs: Declaration of Janice K. Lachman (Declaration), signed by Ms. Lachman on June 1, 2012. Ms. Lachman declared that, as indicated in the Department of Justice's (DOJ's) "Matter Time Activity by Professional Type," the DOJ has billed the Board a total of \$647.50 for attorney time spent working on this matter.

The Board's request that respondent reimburse it \$647.50 for its legal costs is reasonable.

26. Respondent is struggling financially. Nonetheless, she is aware of the Board's request for costs and is willing to pay them, pursuant to a reasonable payment plan.

27. *Discussion:* A review of the record as a whole establishes legal cause to revoke respondent's license based upon the discipline of her license by the Virginia Board. Respondent has made strides toward rehabilitation. Based upon respondent's testimony and supporting documentation, it would not be contrary to the public interest to allow her to continue nursing pursuant to a probationary license, subject to strict conditions as outlined in the Order below. These conditions will include an actual suspension until such time as respondent has completed a physical and mental health examination and has been determined safe to practice, and random drug testing and counseling as recommended once she returns to practice.

LEGAL CONCLUSIONS

1. In this action to discipline respondent's license as a registered nurse, complainant bears the burden of proof on the charges alleged in the Accusation. The standard of proof is clear and convincing evidence to a reasonable certainty. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 855-856.)

2. Pursuant to Business and Professions Code section 2761, subdivision (a) (4), the Board may take disciplinary action against a licensee for "unprofessional conduct" which involves:

Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

3. *Substantial Relationship Criteria:* California Code of Regulations, title 16, section 1444 provides that "a conviction or act shall be considered to be substantially related to the qualifications, functions or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare." As set forth in Factual Findings 4 through 6, respondent's discipline by the Virginia Board involves diversion of drugs and suspected personal use of controlled substances. Respondent's discipline by the Virginia Board is substantially related to the qualifications, functions or duties of a registered nurse because it evidences a present or potential unfitness to practice in a manner consistent with the public health, safety, or welfare.

4. *Legal Cause for Discipline:* The certified copy of the Virginia Board's March 4, 2010 *Order In Re: Bernadette Adams, R. N.* conclusively establishes that respondent's nursing license has been suspended by another state. Legal cause is established, by clear and convincing evidence, to discipline respondent's license for unprofessional conduct within the meaning of Business and Professions Code section 2761, subdivision (a) (4).

5. *Rehabilitation:* As set forth in the Order, respondent's discipline by the Virginia Board was for serious conduct that posed a risk of harm to the public. The underlying conduct occurred three years ago. Since that time, respondent has reportedly tested negative for controlled substances on multiple occasions. She has made a concerted effort to train herself in the proper use of electronic medical record documentation. There is no evidence of any subsequent acts of discipline by a licensing board; however, respondent acknowledged she was released early from a contract nursing job for not complying with a sterile field requirement. Respondent has complied with the CEU requirements requested by the Virginia Board. Respondent's overall demeanor in her telephonic testimony evidenced a sincere remorse for her ignorance in making errors in the medical records regarding controlled substances, and an acceptance of responsibility for these errors. While respondent continued to deny that she diverted any controlled substances for personal use, she is willing to undergo random drug testing and to attend a chemical dependency program if required. Respondent has a long history of responsible nursing. On balance, respondent has made good beginning steps toward rehabilitation. Her continuing practice as a nurse can be monitored and controlled in a manner designed to ensure that the public is not placed at risk. (Cal. Code Regs., tit. 16, § 1445.)

6. In reaching a decision on a disciplinary action in this matter, the disciplinary guidelines entitled: "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (10/02), have been considered. (Cal. Code Regs., tit. 16, § 1444.5.)

7. *Costs:* Pursuant to *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, various factors must be considered in determining the amount of costs to be assessed. The Board must not assess the full costs of investigation and prosecution when to do so will unfairly penalize a licensee who has committed some misconduct, but who has used the hearing process to obtain dismissal of other charges or a reduction in the severity of the discipline imposed. The Board must consider the licensee's subjective good faith belief in the merits of his or her position, as well as whether the licensee has raised a colorable challenge to the proposed discipline. The Board must determine that the licensee will be financially able to make later payments. Finally, the Board may not assess the full costs of investigation and prosecution when it has conducted a disproportionately large investigation to prove

that a licensee engaged in relatively innocuous misconduct. These factors have been considered.

As set forth in Factual Findings 25 and 26, complainant's request that respondent reimburse it \$647.50 for its legal costs is reasonable. Respondent will be ordered to pay these costs, subject to a reasonable payment plan.

ORDER

IT IS HEREBY ORDERED that Registered Nurse License Number RN 416420, issued to respondent Bernadette Ann Adams is REVOKED. However, following completion of conditions precedent, the revocation is stayed and respondent is placed on probation for five (5) years, on the following conditions.

SEVERABILITY CLAUSE – Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

CONDITION PRECEDENT: Completion of the Physical and Mental Health Examinations set forth in Orders 1 and 2 below are conditions precedent to respondent's probationary license. This period of suspension will not apply to the reduction of the probationary time period.

1. **PHYSICAL EXAMINATION** - Within 45 days of the effective date of this decision, respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified respondent that a medical determination permits

respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

2. MENTAL HEALTH EXAMINATION - The respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling, including substance abuse/chemical dependency counseling, made as a result of the mental health examination will be instituted and followed by the respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

3. PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE - If such program is recommended by the mental health examination required in Order 2, or following any positive drug test pursuant to Order No. 5, respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

4. ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS - Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

5. SUBMIT TO TESTS AND SAMPLES - Respondent, at her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

6. THERAPY OR COUNSELING PROGRAM - Respondent, at her expense, shall participate in an on-going counseling program until such time as the Board releases her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

7. OBEY ALL LAWS - Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

CRIMINAL COURT ORDERS: If respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

8. COMPLY WITH THE BOARD'S PROBATION PROGRAM - Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

9. REPORT IN PERSON - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

10. RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE - Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when she resides outside of California. The respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing license during the term of probation.

11. SUBMIT WRITTEN REPORTS - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which she has a registered nurse license.

12. FUNCTION AS A REGISTERED NURSE - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the

Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and the respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

13. EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS

- Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

14. SUPERVISION - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.
- (d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

15. EMPLOYMENT LIMITATIONS - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

16. COMPLETE A NURSING COURSE(S) - Respondent, at her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

17. COST RECOVERY - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$647.50. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.

18. VIOLATION OF PROBATION - If a respondent violates the conditions of her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

19. LICENSE SURRENDER - During respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

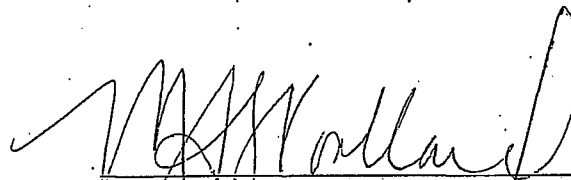
Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no

sooner than the following minimum periods from the effective date of the disciplinary decision:

- 1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
- 2) One year for a license surrendered for a mental or physical illness.

20. Upon successful completion of probation, respondent's license shall be fully restored.

DATED: June 20, 2012



MARILYN A. WOOLLARD
Administrative Law Judge
Office of Administrative Hearings

1 KAMALA D. HARRIS
Attorney General of California
2 ALFREDO TERRAZAS
Senior Assistant Attorney General
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6 Telephone: (916) 445-7384
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2012-236

12 **BERNADETTE ANN ADAMS,**
13 **aka BERNADETTE ANN LORENTSON**
14 **1439 Pecan Court**
Virginia Beach, VA 23453
Registered Nurse License No. 416420

A C C U S A T I O N

15 Respondent.

16
17
18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her
21 official capacity as the Executive Officer of the Board of Registered Nursing ("Board"),
22 Department of Consumer Affairs.

23 2. On or about August 31, 1987, the Board issued Registered Nurse License Number
24 416420 to Bernadette Ann Adams, also known as Bernadette Ann Lorentson ("Respondent").
25 Respondent's registered nurse license was in full force and effect at all times relevant to the
26 charges brought herein and will expire on February 28, 2013, unless renewed.

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STATUTORY PROVISIONS

3. Business and Professions Code ("Code") section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

4. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

5. Code section 2761 states, in pertinent part:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct . . .

(4) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action . . .

COST RECOVERY

6. Code section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

CAUSE FOR DISCIPLINE

(Disciplinary Action by the Virginia Board of Nursing)

7. Respondent is subject to disciplinary action pursuant to Code section 2761, subdivision (a)(4), on the grounds of unprofessional conduct, in that she was disciplined by the Virginia Board of Nursing ("Virginia Board"), as follows: On or about March 4, 2010, pursuant to the Order of the Virginia Board in the disciplinary proceeding titled, "*In re: Bernadette Adams, R.N.*", the Board indefinitely suspended Respondent's license to practice professional nursing in

1 the state of Virginia for a period of not less than two years. A true and correct copy of the Order
2 is attached as **Exhibit A** and incorporated herein by reference. Upon consideration of the
3 evidence presented at the formal administrative hearing held before a panel of the Board on
4 February 19, 2010, the Board adopted the following Findings of Fact:

5 a. On April 4, 2009, Respondent diverted the schedule II controlled substances
6 morphine and Demerol from a patient not assigned to her, for her own personal use. An audit of
7 the Pyxis medication dispensing machine in the Cardiac Surgery Intensive Care Unit ("CSICU")
8 at Sentara Virginia Beach General Hospital, where she was assigned that day, indicated that the
9 missing morphine was attributed to Respondent.

10 b. On April 4, 2009, Respondent spoke to her co-workers in an incoherent manner.
11 Respondent was observed to be disoriented and lethargic, and she gave reports to her co-worker
12 on a patient who had been discharged days earlier.

13 c. Between March 2009 and April 2009, a thorough audit of the Pyxis medication
14 dispensing machine in the CSICU revealed that Respondent made false entries in medication
15 administration records as follows: Respondent documented administering medications before
16 vending them, and she documented administering medications to patients who were not assigned
17 to her. Respondent was terminated from Sentara Virginia Beach General Hospital as a result of
18 the Pyxis audit.

19 **PRAYER**

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
21 and that following the hearing, the Board of Registered Nursing issue a decision:

22 1. Revoking or suspending Registered Nurse License Number 416420, issued to
23 Bernadette Ann Adams, also known as Bernadette Ann Lorentson;

24 2. Ordering Bernadette Ann Adams, also known as Bernadette Ann Lorentson, to pay
25 the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this
26 case, pursuant to Business and Professions Code section 125.3;

27 ///

28 ///

3. Taking such other and further action as deemed necessary and proper.

DATED: October 12, 2011 Janice Burr

for LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

ORDER OF THE VIRGINIA BOARD OF NURSING

VIRGINIA:

BEFORE THE BOARD OF NURSING

IN RE: BERNADETTE ADAMS, R.N.

ORDER

Pursuant to §§2.2-4020, 54.1-110 and 54.1-2400(11) of the Code of Virginia (1950), as amended ("Code"), a formal administrative hearing was held before a panel of the Board of Nursing ("Board") on February 19, 2010, in Henrico County, Virginia, to inquire into evidence that Bernadette Adams, R.N., may have violated certain laws and regulations governing the practice of nursing in Virginia. The case was presented by Wendell Roberts, Adjudication Specialist, Administrative Proceedings Division. Ishneila G. Moore, Assistant Attorney General, was present as legal counsel for the Board. Bernadette Adams, R.N., was not present and was not represented by counsel. The proceedings were recorded by a certified court reporter.

Upon consideration of the evidence presented, the Board adopted the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1. Bernadette Adams, R.N., was issued License No. 0001-197504 to practice professional nursing by the Virginia Board of Nursing on August 1, 2005. Said license is set to expire on January 31, 2011.

2. Based upon the representations of Wendell Roberts, Adjudication Specialist, Commonwealth's Exhibit #1, the Notice of Formal Hearing and Statement of Particulars, and Commonwealth's Exhibit #2, the Affidavit of Mailing, the presiding officer ruled that adequate notice was provided to Ms. Adams and the hearing proceeded in her absence.

3. On April 4, 2009, Ms. Adams diverted morphine (morphine sulfate – Schedule II) and Demerol (meperidine – Schedule II) from a patient not assigned to her for her own personal use. An audit of the Pyxis medication dispensing machine in the Cardiac Surgery Intensive Care

Unit ("CSICU") at the Sentara Virginia Beach General Hospital, Virginia Beach, Virginia, where she was assigned that day, indicated that the missing morphine was attributed to Ms. Adams.

4. On April 4, 2009, Ms. Adams spoke to her co-workers in a manner that was incoherent. She was observed to be disoriented and lethargic, and she gave reports to her co-worker on a patient that had been discharged days earlier.

5. Between March 2009, and April 2009, a thorough audit of the Pyxis medication dispensing machine in the CSICU revealed that Ms. Adams made false entries in medication administration records as follows: she documented administering medications before vending them, and she documented administering medications to patients that were not assigned to her. Ms. Adams was terminated from Sentara Virginia Beach General Hospital as a result of the Pyxis audit.

CONCLUSIONS OF LAW

The Board concludes that:

1. Finding of Fact #3 constitutes a violation of §54.1-3007(2), (5); and (6) of the Code and 18 VAC 90-20-300(A)(2)(c) of the Regulations Governing the Practice of Nursing ("Regulations").

2. Finding of Fact #4 constitutes a violation of §54.1-3007(6) of the Code.

3. Finding of Fact #5 constitutes a violation of §54.1-3007(2) and (5) of the Code and 18 VAC 90-20-300(A)(2)(e) of the Regulations.

ORDER

WHEREFORE, effective upon entry of this Order, it is hereby ORDERED as follows:

1. License No. 0001-197504 of Bernadette Adams, R.N., is INDEFINITELY SUSPENDED for a period of not less than two years.
2. The license will be recorded as suspended and no longer current.
3. At such time as Ms. Adams shall petition the Board for reinstatement of her license, an administrative proceeding will be convened to determine whether she is capable of resuming the safe and competent practice of professional nursing. Ms. Adams shall be responsible for any fees that may be required for the reinstatement and renewal of the license prior to issuance of the license to resume practice.
4. This suspension applies to any multistate privilege to practice professional nursing.

FOR THE BOARD

Certified True Copy

By Rustle Blanton
Virginia Board of Nursing

Jay P. Douglas
Jay P. Douglas, R.N., M.S.M., C.S.A.C.
Executive Director
Virginia Board of Nursing

March 4th, 2010
ENTERED

NOTICE OF RIGHT TO APPEAL

As provided by Rule 2A:2 of the Supreme Court of Virginia, you have 30 days from the date you are served with this Order in which to appeal this decision by filing a Notice of Appeal with Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 9960 Mayland Drive, Suite 300, Richmond, Virginia 23233. The service date shall be defined as the date you actually received this decision or the date it was mailed to you, whichever occurred first. In the event this decision is served upon you by mail, three days are added to that period.